

**National Pension Lawyers Network  
Client Intake Form**

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Case:

- Private Pension                       Employer Discrimination  
 Multiemployer                       Health Care  
 Government                       Domestic Relations  
 Social Security Disability    Other \_\_\_\_\_

Describe Case: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use:**

Client Id #: \_\_\_\_\_ Date of referral action: \_\_\_\_\_

Referrals to:	Name	Attorney Id#
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Counseling Projects:

- MidAmerica                       Mid-Atlantic                       New England  
 South Central                       Upper Midwest                       Western States

Please return this form to: National Pension Lawyers Network, Gerontology Institute,  
University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125.  
You may also fax this form to 617-287-7080 or e-mail your completed form to [npln@umb.edu](mailto:npln@umb.edu) .